Bariatric Surgery Episode Executive Summary

Episode Design

- Trigger: bariatric surgery procedure
- **Quarterback type:** professional (clinician or group who performs the bariatric surgery)
- Care included: all bariatric surgery-related care including anesthesia, imaging and testing, evaluation and management, and medications

Sources of Value

- Efficient use of imaging and testing for pre-operative assessment and preparation (e.g., patient-tailored cardiac clearance)
- Employ evidence-based choice of therapies and medications
- Appropriate site of care and length of observation/stay
- Appropriate choice of procedure
- Calibrate follow-up protocols based on specific procedure and patient needs (e.g., appropriately timed follow-up visits)
- Reduce complications (e.g., anastomotic leaks, hemorrhage)
- Reduce readmissions

Episode Duration

Pre-Trigger

Trigger

Post-Trigger

No pre-trigger window

Duration of the episodetriggering visit or stay 30 days, beginning after discharge from hospital

Quality Metrics

Tied to Gain-Sharing

 Follow-up care within the post-trigger window (higher rate is better)

Informational Only

- Appropriate procedural choice
- Admission within the post-trigger window
- Emergency department visit within the post-trigger window
- Mortality
- Relevant repeat operation within the post-trigger window
- Difference in average morphine equivalent dose (MED) per day

Making Fair Comparisons

Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., primary bariatric procedures that is not Roux-en-Y gastric bypass or vertical sleeve gastrectomy, revisionary bariatric procedures, CNS infection, coma, cystic fibrosis, paralysis, active cancer management)
- Patient exclusions: age (less than 18 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.

